Temporomandibular Joint Disorders – A Few Interesting Experiences to Share

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ABSTRACT

Temporomandibular joint disorders rarely present in a very direct way. Often, the complaints are far away from the joint itself, making the diagnosis difficult. But a high index of suspicion and a good clinical idea often clinches the diagnosis in many cases of otalgia with apparently no definitive finding.

Keywords:
Temporomandibular joint; Earache

In recent years, lots of patients are presenting with Temporomandibular (TM) joint pain. A handful of patients presenting with unexplained otalgia and headache are later diagnosed as TM Joint Arthritis. Instead of going in to the intricate details of TM Joint disorders which encompass varieties of pathology including subluxation, arthritis, malocclusion, etc.; we will concentrate here on the complaint of pain only. TM Joint pain is the second-most common type of orofacial pain (only next to dental pain).

However, patients with problems with their TM joint rarely give a direct history. It easily gets referred to other sites. There is often a complaint of vague to sharp ipsilateral or sometimes bilateral headache. Only in advanced cases, there is history of painful chewing. In fact, if we are not aware enough or we don't ask leading questions, there are possibilities of missing the correct diagnosis completely.

Here we present some of our statistical data from last 3 years. In 2012 (January - December), we diagnosed 80 cases of TM Joint disorders correctly. Only 15 of them gave us a definitive history of pain, particularly over the joint, mostly related with chewing. In 2013, we got 98 cases, of which 18 gave direct history. In 2014, our diagnosed patients were 109 in number, with 22 direct histories. So altogether, we got only 16 % of patients with helpful spontaneous direct history of joint pain (Table I).

The scenario is usually like this - patients come with complaint of moderate to severe pain in ear or temple or face or head; we find nothing in the external ear, tympanic membrane looks absolutely normal; we prescribe antibiotics expecting a miracle to occur and ask the patient to report to us if any rash comes out (with a positive hope to diagnose our first case of Herpes zoster oticus!) That never happens, patient gets just a little relief (due to the presence of NSAIDS in our highly confused prescription). So the patients, after one or two visits, continue with their 'doctor shopping' and find a fellow colleague.

In fact, for patients presenting with such apparently unexplained otalgia, a leading question like 'Do you feel pain while chewing solid, hard food?' often proves helpful. A handful of patients refuse even that but palpation clinches the diagnosis for us .There is definite tenderness with or without crepitus. After diagnosis, patient often feels astonished. Often so are we, because patient who jumps in pain on deep palpation, himself does not complain of pain while chewing. This is because even in our modern age, very knowledgeable patients have little idea of existence of any such joint. They think that since there is pain already over the face or head, it is obvious there has to be pain on chewing. (Similar surprise we have seen in them when an orthopedic

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surgeon refers a patient of vertigo to an ENT doctor!)

Few patients have complaints like - "Doctor, I am experiencing severe pain around my ear since I have consulted my dental surgeon for toothache." Here, we diagnose it easily; that it is a case of 'referred otalgia' from the teeth. But to our surprise, we find that, even after few visits to the dental surgeon and successful treatment for teeth (if at all), pain, instead of getting reduced, actually worsens! The explanation is however very simple. Dental surgeons often keep a patient's mouth wide open for quite long time span. Such a manoeuvre, with or without gag, injures the temporomandibular joint. In our case, we got 4, 3 and 7 such patients in 3 years (2012, 2013, and 2014 respectively).

Very recently we got a patient presenting with a complaint we had never heard before – "I am feeling severe pain on the right side of my face in the morning while bathing!' Our preliminary thought wasfavoring Trigeminal Neuralgia. But, on detailed history taking, it was found, while bathing, patient brushes his teeth. In an attempt to clear germs from the remotest parts of his oral cavity, he has to open his mouth widely and that was causing his hemifacial pain. Tender joint with crepitus on palpation confirmed it. The patient responded nicely to conservative management.

Another interesting finding we often get is that a handful of our patients present with the complaint of 'Pain near the ear while talking over a mobile phone.' Initially we were a bit (in fact, quite) confused, because we had never faced such complaints in practice or in the ENT text books. But again, little non-gentle palpation over TM Joint area, helped us. Later on, we asked many patients about this and a number of people have admitted to experience such a thing although only a few deliberately complained about it. We began to notice such things by the middle of the year 2013. In that year, we got 3 such patients. In 2014, we got 8 such patients (7.3 %). So, this is not an extreme rarity. Obviously, we don't have any data from 2012, probably because we had overlooked such complaints.

But why is it so? We don't know it yet; there is no publication in hand. May it be due to harmful effect of radiation of the mobile phone? May it be due to the heating effect? (Although we often see temporary relief of pain on superficial heat application) Or is it just aggravation by continuous talking over an already damaged but so far not symptomatic TM joint?

Table I: Incidence of diagnosed TM Joint Disorders in the last 3 years

YEAR	JAN - JUN	JUL - DEC	TOTAL PATIENTS	PATIENTS WITH DIRECT HISTORY
2012	41	39	80	15
2013	46	52	98	18
2014	48	61	109	22